

Provider Inspection Summary
For the period 07/01/2003 to 06/30/2006
Adult Family Home

Facility Information

Facility Name: HIL SCOTCHWOOD (0009802)
Address: 400 SCOTCHWOOD RD, DE PERE, WI 54115
License Status: REGULAR
Licensed/Certified/Registered 01/01/2002
Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0097243 **End Date:** 06/01/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092862 **End Date:** 06/07/2004 **Type:** OTHER **Purpose:** VERIFICATION VISIT
Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092321 **End Date:** 02/17/2004 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT
Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006953 Served 04/12/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	06/07/2004	Yes
88.04(2)(a)	RESPONSIBILITIES	06/07/2004	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	06/07/2004	Yes
88.10(3)(q)	MEDICATIONS	06/07/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 04/09/2004 **SOD #**10006953 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
PROVIDE TRAINING

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Complaint History

Date Complaint Received: 04/18/2006

Date Investigation Completed: 06/01/2006

Subject Area(s)

Result

SOD #

ABUSE
STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 02/09/2004

Date Investigation Completed: 04/06/2004

Subject Area(s)

Result

SOD #

ABUSE
PROGRAM SERVICES

SUBSTANTIATED
SUBSTANTIATED

10006953
10006953

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